## 09/30/2005 12:40 FAX 1212 808 0844 N M M NEW YORK Ø 001/001 PART B - FEE(S) TRANSMITTAL Complete and send this forty Mail Stop ISSUE FEE together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 SEP 3 0 2005 (703) 746-4000 INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All tables correspondence and notification of maintenance fees will be mailed to the current correspondence address as indicated unless cody of being directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notification. or <u>Fax</u> Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 27384 07/01/2005 7590 NORRIS, MCLAUGHLIN & MARCUS, PA Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FBB address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **875 THIRD STREET** 18TH FLOOR NEW YORK, NY 10022 (Depositor's name 10/03/2005 TBESHAH2 00000092 141263 10735572 nanci **Ma**nfredi (Signature 1400.00 DA 300.00 DA 01 FC:1501 02 FC:1504 (Date SEPTEMBER 2005 APPLICATION NO. ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE FIRST NAMED INVENTOR 100717-544/ BAYER 3499 10/735,572 12/12/2003 Karl-Heinz Linker TITLE OF INVENTION: SUBSTITUTED AROMATIC THIOCARBOXYLIC ACID AMIDES AND THEIR USE AS HERBICIDES **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE \$1400 10/03/2005 \$n nonprovisional NO \$1400 CLASS-SUBCLASS EXAMINER ART UNIT RAYMOND, RICHARD L 1624 504-244000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 NORRIS McLAUGHLIN & MARCUS the names of up to 3 registered patent anomeys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. P.A. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BAYER AKTIENCESELLSCHAFT LEVERKUSEN, GERMANY Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 141263 (enclose an extra copy of this form). Advance Order - # of Copies \_

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